



If you are interested in becoming a partner, please complete the sign-up form below and fax it to Helen Weinstein, Erie County Council for the Prevention of Alcohol and Substance Abuse, at (716) 831-9580. For more information, call Helen Winstein at (716) 831-2298.

Yes,	I w	ould	l like	to	be a	a	partner	at	this	time.

Partnership to Prevent Fetal Alcohol Syndrome

Primary Contact Name:	Title:							
Phone:	Fax:							
Web Address:								
E-mail Address:								
· · ·	ation is currently conducting that could con- rship messages:							
Our organization can provide support w	ith the following activities:							
☐ Host an event.								
☐ Provide a link to Partnership materia								
☐ Include an article in our newsletter o	☐ Include an article in our newsletter or Web site/Provide an article.							
☐ Use Partnership materials and messag	ges in our office or with our audiences.							
☐ Contact local media to inform about	FAS/ARBD and the Partnership.							
☐ Share experiences about FAS/ARBI in the community on the Partnership	O or women's health outreach and education p Web site.							
Other:								
	ns of organizations that may be beneficial to rganization name and contact name if known.							



